

United States Bankruptcy Court

In re MEDSCI DIAGNOSTICS INC.,
Debtor

Case No. 10-04961 ELS

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$		
B - Personal Property	YES	9	\$57,900,732		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 5,088,651.60	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	5		\$ 823,522.70	
F - Creditors Holding Unsecured Nonpriority Claims	YES	2		\$ 858,036.95	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	NO				\$
J - Current Expenditures of Individual Debtors(s)	NO				\$
TOTAL		22	\$57,900,732.00	\$ 6,770,211.25	

In re MEDSCI DIAGNOSTICS INC.,
DebtorCase No. 10-04961 ELS
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
NONE				
			0.00	

Total▶

0.00

(Report also on Summary of Schedules.)

In re MEDSCI DIAGNOSTICS INC.,
DebtorCase No. 10-04961 ELS
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		NONE		
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		RG PREMIER BANK		119,552.14
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

In re MEDSCI DIAGNOSTICS INC.,
DebtorCase No. 10-04961 ELS
(If known)**SCHEDULE B - PERSONAL PROPERTY**
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.		SEE ATTACHMENT #1-AGE RECEIVABLE		1,427,930.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		\$ 668,399 in building improvements to SIF facilities See Attachment #2 \$53,430,350 Cause of Action vs SIF ===== (see Adv Proc. 10-0094) \$54,098,749		\$54,098,749

In re MEDSCI DIAGNOSTICS INC.
DebtorCase No. 10-04961 ELS
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		TOYOTA YARIS See Attachment 3		8,276.99
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		SEE ATTACHMENT # 4		10,623.54
29. Machinery, fixtures, equipment, and supplies used in business.		SEE ATTACHMENT # 5		2,230,136.72
30. Inventory.		SEE ATTACHMENT # 6		5,013.98
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.				
35. Other personal property of any kind not already listed. Itemize.	X			

6 continuation sheets attached Total▶

\$57,900,732

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

The Right Answer, Inc - Quick Medical Billing (MBS/2008 - All rights reserved)

Fecha del Reporte: 6/3/2010

Resumen del Aging del Seguro

Fecha Servicio	N/A	N/A	5/31/2010 11:59:59 PM	Facturadas/CR-DB	Todas	Todas
Fecha Posteo	1/12000 12:00:00 AM			Refieren	N/A	N/A
Fecha de Pago	N/A	N/A	N/A	Categorías	'A','C','F','T'	
Fecha de Deposito	N/A	N/A	N/A	Vouchers	N/A	N/A
Cargos del Seguro	N/A	N/A	N/A	Empleados	N/A	
Procedimientos	N/A			Localidad(es)	N/A	
Ciclos	N/A	N/A		Seguro(s)	N/A	
Especialidad(es)	N/A			Fecha Factura	N/A	N/A
Doctor(es)	N/A			Transacciones	Todas	
Seguro	Nombre	0 - 30	31-60	61-90	91-120	121-150
500	FONDO CAROLINA	\$100,421.00	\$118,265.00	\$109,707.00	\$73,331.00	\$65,559.00
504	FONDO EMPLEADOS	\$0.00	\$461.00	\$3,869.00	\$0.00	\$0.00
501	FONDO MAYAGUEZ	\$93,590.00	\$81,666.00	\$95,376.00	\$5,212.00	\$9,566.00
503	FONDO PONCE	\$107,181.00	\$84,876.00	\$104,138.00	\$39,961.00	\$32,049.00
502	HOSP INDUSTRIAL	\$20,828.00	\$20,375.00	\$23,164.00	\$7,390.00	\$6,161.00
	Total:	\$322,020.00	\$305,643.00	\$336,254.00	\$145,894.00	\$113,335.00
				Sobre 150		
				\$59,786.00		\$527,069.00
				\$3,239.00		\$7,569.00
				\$28,840.00		\$314,250.00
				\$29,248.00		\$417,453.00
				\$83,671.00		\$161,589.00
				\$204,784.00		\$1,427,930.00

MAYAGUEZ

Building Improvement				Dep. Exp. 5900 & 1920											
Description	Acquisition Date	Useful Life	BB	Addition	Retirements	Balance 5/31/10	Acc. Dep. 12/31/09	01/31/10	2/28/10	3/31/10	4/30/10	5/31/10	Dep. Expense	Acc. Dep. 5/31/10	Book Value
Diagnostic	12-13-2007	7	93,333.33	-	-	93,333.33	18,888.89	1,111.11	1,111.11	1,111.11	1,111.11	1,111.11	5,555.56	24,444.45	68,888.88
Diagnostic	04-02-2008	7	93,333.33	-	-	93,333.33	18,888.89	1,111.11	1,111.11	1,111.11	1,111.11	1,111.11	5,555.56	24,444.45	68,888.88
Diagnostic	12-06-2008	7	107,413.14	-	-	107,413.14	21,738.37	1,278.73	1,278.73	1,278.73	1,278.73	1,278.73	6,393.64	28,132.01	79,281.13
			\$294,079.80	\$ -	\$ -	\$294,079.80	\$59,516.15	\$ 3,500.95	\$3,500.95	\$3,500.95	\$3,500.95	\$3,500.95	\$17,504.75	\$77,020.90	\$217,058.90

PONCE

				Building Improvement					Dep. Exp. 5900 & 1925						
Description	Acquisition Date	Useful Life	BB	Addition	Retirements	Balance 5/31/10	Acc. Dep. 12/31/09	01/31/10	2/28/10	3/31/10	4/30/10	5/31/10	Dep. Expense	Acc. Dep. 5/31/10	Bookk Value
Diagnostic	12/12/2007	7	126,666.67	-	-	126,666.67	25,634.92	1,507.94	1,507.94	1,507.94	1,507.94	1,507.94	7,539.68	33,174.60	93,492.07
Diagnostic	02/04/2008	7	126,666.67	-	-	126,666.67	25,634.92	1,507.94	1,507.94	1,507.94	1,507.94	1,507.94	7,539.68	33,174.60	93,492.07
Diagnostic	06/12/2008	7	107,413.14	-	-	107,413.14	21,738.37	1,278.73	1,278.73	1,278.73	1,278.73	1,278.73	6,393.64	28,132.01	79,281.13
Total			\$360,746.48	\$ -	\$ -	\$360,746.48	\$73,008.21	\$ 4,294.60	\$4,294.60	\$4,294.60	\$4,294.60	\$4,294.60	\$21,473.00	\$94,481.21	\$266,265.27

CAROLINA

Building Improvement															Dep. Exp. 5900 & 1930						
Description	Acquisition Date	Useful Life	BB	Additions	Retirements	Balance 5/31/10	Acc. Dep. 12/31/09	01/31/10	2/28/10	3/31/10	4/30/10	5/31/10	Dep. Expense	Acc. Dep. 5/31/10	Bookk Value						
Diagnostic	12/12/07	7	71,666.66	-	-	71,666.66	14,503.96	853.17	853.17	853.17	853.17	853.17	4,265.87	18,769.83	52,896.83						
Diagnostic	02/15/08	7	71,666.66	-	-	71,666.66	14,503.96	853.17	853.17	853.17	853.17	853.17	4,265.87	18,769.83	52,896.83						
Diagnostic	6/30/08	7	107,413.13	-	-	107,413.13	21,738.38	1,278.73	1,278.73	1,278.73	1,278.73	1,278.73	6,393.64	28,132.02	79,281.11						
Total			\$250,746.45	\$ -	\$ -	\$250,746.45	\$50,746.30	\$ 2,985.08	\$2,985.08	\$2,985.08	\$2,985.08	\$2,985.08	\$14,925.39	\$65,671.69	\$185,074.76						

TOTAL															\$905,572.73	\$668,398.92			
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		Dep. Exp. 5900 & 1805													
		Vehicles													
Description	Useful Life	BB	Addition	Retirements	End Bal 5/10	Acc. Dep. 12/09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Dep. Expense	Acc. Dep. 5/10	Bookk Value	
Vehicles	5/31/08	5	13,795.00	\$ -	\$ 13,795.00	4,368.41	229.92	229.92	229.92	229.92	229.94	\$ 1,149.60	\$ 5,518.01	\$ 8,276.99	

Furniture & Fixture															
Dep. Exp. 5900 & 1800															
Description	Acquisition Date	Useful Life	BB	Addition	Retireme nts	End Bal 5/10	Acc. Dep. 12/09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Dep. Expense	Acc. Dep. 5/10	Bookk Value
Muebles	1/28/08	3	3,631.58	\$ -	-	\$ 3,631.58	2,320.23	100.88	100.88	100.88	100.88	100.88	\$ 504.39	\$ 2,824.62	\$ 806.96
Sing	12/31/08	3	18,599.81			\$ 18,599.81	6,199.92	516.66	516.66	516.66	516.66	516.66	\$ 2,583.29	\$ 8,783.21	\$ 9,816.60
Total			\$22,231.39	\$ -	\$ -	\$ 22,231.39	\$ 8,520.15	\$ 617.54	\$ 617.54	\$ 617.54	\$ 617.54	\$ 617.54	\$ 3,087.67	\$ 11,607.82	\$ 10,623.57

SCHEDULE B LINE #29

MEDSCI DIAGNOSTIC, INC.
CASE NO. 10-94861 (ESL)

Description	Acquisition Date/Useful Life	BB	Property Mayaguez										Retireme nts	Addition	End Bal \$/10	Acc. Dep. 12/09	Dep. Exp. 5/30/0 & 19/0					Dep. Expense	Acc. Dep. \$/10	Book's Value	
			Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10													
Various-Equipment	10-01-2007	5	16,083.00					6,969.30									268.05	268.05				268.05	1,340.25	8,309.55	7,773.45
Hiachi Medical Supply- In Process	12-18-2007	7	192,000.00					54,857.14									2,285.71	2,285.71				2,285.71	11,428.57	66,285.71	125,714.29
Hiachi Medical Systems 3MRI Mach	10-15-2007	7	200,000.00					57,142.86									2,380.95	2,380.95				2,380.95	11,904.76	69,047.62	130,952.38
Digital Solution Package	12-10-2007	7	196,045.60					56,013.02									2,333.88	2,333.88				2,333.88	11,669.38	67,682.40	128,363.20
Hiachi Medical Supply-	10/23/08	7	73,000.00					19,998.09									869.05	869.05				869.05	4,345.24	24,333.33	48,666.67
Western Radio Sony	06-02-2008	7	3,333.34					873.02									39.68	39.68				39.68	198.41	1,071.43	2,261.91
Hiachi Medical Supply-	22/08/08	7	397,670.00					96,294.53									4,377.02	4,377.02				4,377.02	21,885.12	118,179.65	249,490.35
Western Radio Sony	06-03-2008	7	3,333.33					833.33									39.68	39.68				39.68	198.41	1,031.74	2,301.59
Hiachi Medical Supply	4/28/08	7	10,000.00					2,380.95									119.05	119.05				119.05	595.24	2,976.19	7,023.81
Hiachi Medical supply	02-05-2008	7	127,330.00					36,165.83									1,515.83	1,515.83				1,515.83	7,579.17	36,380.00	90,950.00
Freight & Insurance	04-14-2008	7	17,000.00					4,047.62									202.38	202.38				202.38	1,011.90	5,059.52	11,940.48
Freight & Insurance	04-15-2008	7	11,000.00					2,619.05									130.95	130.95				130.95	654.76	3,273.81	7,726.19
Diagnostic Product Insignia Rax	07-31-2008	7	35,000.00					7,083.33									416.67	416.67				416.67	2,083.33	9,166.66	25,833.34
Diagnostic Product Imaging	07-31-2008	7	39,754.40					7,968.40									473.27	473.27				473.27	2,366.33	9,974.73	29,779.67
								9,937.50									207.03	207.03				207.03	1,035.16	5,185.16	8,902.34
		4																							
			336,000.00					88,978.20									4,000.00	4,000.00				4,000.00	20,000.00	108,978.20	228,021.80
Total			\$ 955,549.67				\$ 963,487.17	\$ 955,532.27		\$ 11,659.21	\$11,659.21	\$11,659.21	\$11,659.21	\$11,659.21	\$11,659.21	\$ 11,659.21	\$11,659.21	\$ 11,659.21	\$ 11,659.21	\$ 11,659.21	\$ 11,659.21	\$ 11,659.21	\$ 31,822.84	\$ 318,822.84	\$ 657,657.85

MEDSCI DIAGNOSTIC, INC.
CASE NO. 10-04961 (ESL)

SCHEDULE B LINE #30

INVENTORY SUPPLIES	AMOUNT
MAYAGUEZ	1,714.25
PONCE	1,006.23
CAROLINA	997.00
SAN JUAN	1,296.50
TOTAL	\$ 5,013.98

Case No. 10-04961 ELS
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

[illegible]

In re MEDSCI DIAGNOSTICS INC.
DebtorCase No. 10-04961 ELS
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 0678 RG PREMIER BANK PO BOX 2510 GUAYNABO PR 00970-2510			UCC financing of 10/15/2007 Value of collateral: \$57,900,732 (See Schedule B)				\$4,579,805.30	
ACCOUNT NO. 0686 RG PREMIER BANK PO BOX 2510 GUAYNABO PR 00970-2510			see above				\$496,103.16	
ACCOUNT NO. EASY FINANCIAL PO BOX 21382 SAN JUAN PR 00928-1382			Car Finance of Toyota Yaris Value: \$8,277				\$12,743.28	4,466.28
Subtotal ► (Total of this page)							\$ 5,088,651.60	\$ 4,466.28
Total ► (Use only on last page)							\$	\$

continuation sheets
attached

(Report also on Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

In re MEDSCI DIAGNOSTICS INC.
DebtorCase No. 10-04961 ELS
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☒ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

In re MEDSCI DIAGNOSTICS INC.,
Debtor

Case No. 10-04961 ELS
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

_____ continuation sheets attached

In re MEDSCI DIAGNOSTICS INC.,
DebtorCase No. 10-04961 ELS
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
Account No.			SEE ATTACHED E WAGES SALARIES				20,224.40	20,224.40		
Account No.			SEE ATTACHED E TAXES & OTHER DEBT				803,298.30	803,298.30		
Account No.										
Account No.										
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Priority Claims							Subtotals▶ (Totals of this page)	\$ 823,522.70	\$	
Total▶ (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							\$	823,522.70		
							Totals▶ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 823,522.70	\$	

MEDSCI DIAGNOSTIC, INC.
CASE NO. 10-04961 (ESL)

SCHEDULE E WAGES, SALARIES, COMMISSIONS

<u>Accrued vacation & sick bonus</u>		
Roxanna Pabon	787-587-2723	3,801.54 Roxanna Pabon
Gloria Flores	939-642-0278	172.90 Gloria Flores
Julio Pellot	787-755-4083	5,881.64 Julio Pellot
Ana Monica Vizcarrondo	787-221-5722	9,751.07 Ana Monica Vizcarrondo
Barbara G Febres Elias		617.26 Barbara G Febres Elias
		<u>\$ 20,224.41</u>
		# 227 C-2 Apt. B- 324 Parque de Arcoiris Trujillo Alto PR00975
		Villas de Gurabo, Gurabo PR 00778
		PO Box 1282 Trujillo Alto PR 00977-1282
		AN 22 Calle Rio Manati Rio Hondo II Bayamon PR 00961
		Cond Intersuites Apt 1 A Marginal 3000 Carolina PR 00979

MEDSCI DIAGNOSTIC, INC.
CASE NO. 10-04961 (ESL)

SCHEDULE E TAXES AND OTHER DEBT TO GOVERNMENTAL UNITS

Other liabilities:

Internal Revenues Services (Soc. Sec.& Medicare)
Internal Revenues Services(Federal Unemployment)
Secretario de Hacienda(retención Ingresos)
Departamento Del Trabajo y Recursos Humanos- Inc.)
Departamento Del Trabajo y Recursos Humanos- Deempleo)
Centro de Recaudación de Imp. Municipales

2,086.72 Internal Revenues Services (Soc. Sec.& Medicare)
218.52 Internal Revenues Services(Federal Unemployment)
6,999.45 Secretario de Hacienda(retención Ingresos)
100.19 Departamento Del Trabajo y Recursos Humanos- Inc.)
18.00 Departamento Del Trabajo y Recursos Humanos- Deempleo)
793,875.42 Centro de Recaudación de Imp. Municipales

PO Box 105273GA 30348-5273
PO Box 105273GA 30348-5274
Negociado de Contribucion sobre Ingresos PO Box 2501
Seccion de Contribucion PO Box 191020
Seccion de Contribucion PO Box 191021
CRIM PO Box 195387

Total

\$803,298.30

In re MEDSCI DIAGNOSTICS INC.
DebtorCase No. 10-04961 ELS
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			SEE ATTACHEMENT F CREDITORS UNSECURED				
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal▶							\$ 858,036.95
Total▶							\$

____ continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

In re MEDSCI DIAGNOSTICS INC.,
DebtorCase No. 10-04961 ELS
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$
Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$ 858,036.95

MEDSCI DIAGNOSTIC, INC.
CASE NO. 10-04961 (ESL)

SCHEDULE F CREDITORS UNSECURED

Vendor	Contact	Telephone	Amount Due	Remit To Name	Remit To Address Line 2	Remit To City	Remit To S	Remit To Zip
Aeronet Wireless Broad		787-273-4143	4,744.65	Aeronet Wireless Broad	PO BOX 270013	SAN JUAN	PR	00927-0013
Carlos A. Suarez		787-448-0037	300.00	Carlos A. Suarez	PBM 396.405 ESMERALDA AVE	GUAYNABO	PR	00969-4457
De Lage Landen Financial Services		787-641-4690	234.18	De Lage Landen Financial Services	Ref No 570275 PO BOX 41601	PHILADELPHIA	PA	19101-1601
Diagnostic Imaging Supplies & Services		787-781-3477	263,899.35	Diagnostic Imaging Supplies & Services	PO BOX 9326	SAN JUAN	PR	00922-1923
Diagnostic Product For Imaging, Inc.		787-783-2650	134,239.41	Diagnostic Product For Imaging, Inc.	Amelia Distribution Center DIANA STREET #43	GUAYNABO	PR	00969
Dr. Felix Aponte La Luz		787-586-6769	8,400.00	Dr. Felix Aponte La Luz	PO Box 13330	CAGUAS	PR	00726-1330
Dr. Oscar Zavala		787-470-4438	42,310.00	Dr. Oscar Zavala	Cond. Pasarella Condado 1210 MAGDALENA AVE APT 801	SAN JUAN	PR	00907
El Comandante Office Supplies		787-769-2509	790.54	El Comandante Office Supplies	Ave. San Marcos EDF B-2URB. INDUSTRIAL EL COMANDANTE	CAROLINA	PR	00982
Hitachi Medical Systems America, Inc.		330-425-1313	391,091.73	Hitachi Medical Systems America, Inc.	1959 SUMMIT COMMERCE PARK	Twinsburg	OH	44087
Julio Peliot		787-755-4083	99.05	Julio Peliot	PO Box 1282 Injillo Alto PR 00977-1282	SAN JUAN	PR	00911
ReComs Realty		787-300-6483	2,500.00	ReComs Realty	1509 Lopez Landron PH	SAN JUAN	PR	00911
Regulatory Compliance		787-300-6483	1,780.00	Regulatory Compliance	1510 Lopez Landron PH	SAN JUAN	PR	00917
RICOH		1-800-872-2158	70.98	RICOH	Ave. Ponce de Leon # 431 EDF NACIONAL PLAZA SUITE 1700	SAN JUAN	PR	00936
Centennial		787-717-9700	177.06	Centennial	PO BOX 70261 SAN JUAN PR 00936-8262	SAN JUAN	PR	00936
Jet Diagnostic		787-767-0000	7,400.00	Jet Diagnostic	PO Box 70169	SAN JUAN	PR	00936
TOTAL			\$ 859,036.95					

In re _____, **Case No.** _____
Debtor(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
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CFSE
PO BOX 365028
SAN JUAN PR 00936-5028

9/1/2007 contract with State Insurance Fund to provide and maintain radiological diagnostic equipment, and other services. (See Adv. Proc. 10-0094)

HITACHI MEDICAL SYSTEMS AMERICA, INC.
1959 SUMMIT COMMERCE PARK
TWINSBURG, OH 44087

Contract for maintenace of medical and diagnostic equipment

RECOMS REALTY
1509 LOPEZ LANDRON PH
SAN JUAN, PR 00911

Commercial real estate lease – office at 1509 Lopez Landron, San Juan PR

DIAGNOSTIC IMAGING SUPPLIES & SERVICES
PO BOX 9326
SAN JUAN, PR 00922-1923

Supplies of medical diagnostic materials

DIAGNOSTIC PRODUCT FOR IMAGING, INC.
AMELIA DISTRIBUTION CENTER
DIANA STREET #43
GUAYNABO, PR 00969

Case No. 10-04961 ELS
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

[illegible]

In re MEDSCI DIAGNOSTICS INC.,
DebtorCase No. 10-04961 ELS
(if known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____
Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition PreparerSocial Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address _____

X _____
Signature of Bankruptcy Petition Preparer

Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the VICEPRESIDENT [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the corporation [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date 8/8/2010Signature: /s/ RALPH VALLONE, JR.RALPH VALLONE, JR. -- vicepresident

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.